

BULLETIN



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BULLETIN

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The Future of Medicine

TO IDENTIFY WHAT WILL BE THE KEYS TO THE FUTURE OF MEDICAL PRACTICE, WE MUST BE MINDFUL OF THE SCIENTIFIC AND technical means, as well as social and economic structure.

The mapping of the genome is hardly the end of the story.

Rather, it will be only the beginning of the relationship between genes and the environment, and the ways disease and health will be affected by this interplay. Immunology, and, of course, neuroscience, may well have the most potential.

Computers will be faster, cheaper, and capable of doing more things, and will have an enormous affect on medicine in the future. Surgery will get progressively less invasive; become faster; and probably get cheaper. Medications will be more targeted, more selective, and, of course, more effective.

The new technologies are going to be expensive, adding a great deal to the cost of medical care. Certain surgeries that we would never attempt now, for example, will become possible on sicker, as well as much older, patients.

All of these will, of course, raise expectations enormously. Good things are brought to the marketplace. But then, people's expectations of what medical care can do rise even faster, so the gap between expectations and delivery is constantly there, and probably getting even wider. This creates problems in and of itself, a major detriment to this increased dependence on technology being an even greater deterioration of the physician-patient relationship.

Thomas N. Detesco, MD



Thomas N. Detesco MD

Turning our attention to the social and economic principles, we must realize that we have an aging society. At the beginning of this century, there were ten Americans under the age of 18 for every one over the age of 65. By 1960, that ratio of 10:1 had fallen to 4:1. By 1990, it had fallen to 2:1 and is still falling. That is a tremendous transformation of the nature of any society. For those of us who are not in the business of pediatrics or obstetrics, most of our patients and revenue in the future will come from patients age 65 and older. That's where the market is and that's where it's going to be.

Also, it is clear that we are a very litigious society, a situation which appears to be getting worse, rather than better. What we have done is taken a very good idea – that is, that we are a nation of laws, rather than a nation of men – and we have pushed it to what I believe are unreasonable lengths. This is particularly dangerous for health care. Not only do we have the private enforcement of law, through malpractice suits, but we have the strange notion that any problem arising in health care can be solved by simply passing a law.

One of the great dangers we currently face is the idea of medical care that is designed in Columbus or Washington. We face the possibility of the worst of two possible worlds: on the one hand, we have this notion that we are going to have a competitive market-driven medical care system; on the other hand, we have the notion that we are going to have government regulation make sure that the competitive marketplace works the way people think it should.

What we are losing sight of is that there has always been a third control in medical care: the element of "professional norms" of a relationship between a health professional and a patient. This relationship is not governed either by a purely competitive business market or solely by regulation, law, and fear of malpractice suits.

Economic factors are also important. First, we have the looming failure of the "pay-as-you-go" system for financing medical care for the elderly and for financing Social Security. The replacement rate for our workers has been below the expected norm in 24 of the past 25 years. The current system will not work under those

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Why Did We Become Doctors?

RUMMAGING THROUGH MY DESK DRAWERS SEVERAL WEEKS AGO, IN A FAILING ATTEMPT TO BATTLE THE NEVER-ENDING clutter and disorganization, a folded sheet of notebook paper fell onto the floor. Curiosity forced me to peruse the contents

before tossing it into the trash. In a child's uneven printing, that included misspelled words, random use of upper and lower case letters, and incorrect punctuation, the note read:

Dear Dr. DwInnells,
thank you For making
me FEEL BettEr
You always make me
feel better
Your Patien,
Tara.

When the note was first given to me by the seven-year-old, probably two or three years ago, I recalled how it brought forth a sense of fulfillment. But, my busy schedule did not allow me to contemplate or enjoy it for very long. It was hurriedly folded and placed into the desk drawer, soon to be forgotten.

Upon rediscovering this treasure and reading it once again, a humbleness and sense of purpose renewed. The question of why I had chosen to become a physician pranced through my mind. Was it not to become a healer of mankind? To mend wounds and rid the body of dis-

eases? To educate our fellow human beings on maintaining health and wellness? Was this not the purpose of our prolonged education and training?

With the advent of managed care and the endless stream of insurance organizations, not to mention the incessant rules and regulations just to get reimbursed for our services; hospital systems jockeying for the most opportune financial situations; the constant threat of liability issues; and the ongoing political pressures of lowering healthcare costs; it has become considerably more difficult to practice medicine without becoming distracted. We seem to spend a significant amount of time dealing with the above-mentioned issues in order to survive, and it's easy to lose sight of why we became doctors.

The practice of medicine has certainly seemed to evolve into a matter of control. Who controls our medical practices? Is it the insurance companies? Is it the hospitals? Or, are the lawyers in charge? The politicians, perhaps? It certainly doesn't appear to be the physicians or the patients – the two primary components of this art.

Medicine is unquestionably an art. To analogize, how can these external groups force "artists" (physicians) to paint the same "picture" (the delivery of medical care such as types of medication used, number of hospital days allowed for an illness or procedure, approval or disapproval of the use of consultants, etc.) for uniquely different individuals (patients)? Their argument is that control of physicians' methods of healthcare delivery is the most cost-effective way to provide medical services. Maybe, but is it providing the highest quality? Definitely not.

Perhaps this attempt to conduct medical services in a so-called cost-effective manner actually creates a greater expense for our society, because we are not allowed to concentrate fully on the task of patient care. Sometimes, all the extraneous burdens that we must deal with on a day-to-day basis cause us to lose perspective on why we became physicians. It also takes us away from the primary purpose of our profession, which is to care for an individual's health.

So that leads us back to the question – why

Ronald Dwinnells, MD



R Dwinnells

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In Memoriam

RICHARD W. JUVANCIC, SR., MD

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Dr. Cestone Honored

DR. PATRICK B. CESTONE IS THE POSTHUMOUS RECIPIENT OF THE MCMS's 1998 *DISTINGUISHED PHYSICIAN OF THE Year* award. Since 1978 this award has been presented each year to a Society member who has distinguished himself in the field of medicine, as well as in the community. A well respected general surgeon, Dr. Cestone served the community for more than 40 years, before his retirement in 1993.

Born in Youngstown, Dr. Cestone began his practice in the Youngstown area in 1952. As a surgeon, he was known for his quick decision-making and speed in the surgery room. He was also a great humanitarian who was known for his compassionate care and generosity to the indigent of the Mahoning Valley.

A graduate of the Rayen School, Dr. Cestone received his B.S. degree from Westminster College. He graduated from the University of St. Louis School of Medicine in 1943, after which he served an internship and residency at St.



Dr. Patrick B. Cestone

Elizabeth Hospital in Youngstown. He then com-
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President's Page

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circumstances; therefore, we must devise new methods of financing medical care for the elderly. This will also include the necessity of some increase in the amount of savings, so that the elderly can participate in the innovative technology, which will, of course, be at a cost.

Next, let us direct our attention to the persistence of managed care. First of all, I don't believe that much will happen to discourage its relentless presence. At the same time, I don't believe the "merger mania" of the last few years is here to stay. Many of the acquisitions and mergers, especially the very large ones, were not driven by either sound economics or sound medicine. They were happening for other reasons, including the stock market, the desire to show and perpetuate growth, and the desire to obtain market share.

For most medical care, there are not vast economies of scale as there might be in the manufacturing industry, nor is there the likelihood of developing a standardized product that would require a large-scale organization. Most medical care, of course, is locally produced and locally delivered.

In the future, there will be enormous pressure to slow the growth of healthcare costs, especially to the elderly. If we take the trends of the last two decades and extrapolate them out to the year 2020, you will find that the expenditures per person for the elderly would be \$27,000

per year (in 1999 dollars), compared to \$11,000 in 1999. Healthcare expenditures for those over 65 will make up 10% of the gross national product. That is as much as, if not more than, most countries spend on health care for their entire population.

These changes would imply huge tax increases since the government pays for at least two-thirds of the health care of the elderly. It would also mean that the elderly will have less money (that is to say, less real dollars) in the year 2020 for other goods and services than they actually have today. Consequently, living standards would actually decrease if these trends were to continue.

All the legislative attempts at regulating the increase in healthcare costs will be to no avail when the new medications and innovations in technology come down the pike. There will be a clamor for access, and an increased pressure placed on the growth in technology. This is where the argument for rationing, either on the access or demand side, comes in.

Walton Hamilton wrote the following:

"Here is the heart of the problem in the organization of medicine. A profession has fallen into a world of business. The older order of private practice is being transformed into a system of competitive enterprise, which interferes with the great social task which medicine used to be able to perform."

When would you guess this was written? The answer is 1932.

MCMS December Meeting

THE ANNUAL ELECTION OF COUNCIL AND FOUNDATION TRUSTEES TOOK PLACE AT THE MCMS DECEMBER 15, 1998 MEETING held at the Youngstown Club. President Dr. Denise Bobovnyik presided over the business meeting, and Dr. Chris Knight, Chairperson of the nominations committee, conducted the election. The slate of candidates as presented to the Society was elected by acclamation.



L to R: Dr. Bertram Katz, Dr. Chris Knight, Dr. Henry Holden, Dr. Robert Fisher.

OSMA Sixth District Councilor, Dr. Knight, presented members, Drs. Robert R. Fisher, Henry Holden and Bertram Katz with that organization's Fifty-Year award. Also honored were Drs. Ulrich Boening and Joseph Campolito who were unable to attend.

Continuing a 20-year tradition of honoring excellence in medicine, the Society posthumously presented the 1998 *Distinguished Physician of the Year* award to Dr. Patrick B. Cestone. Dr. Brian Cestone accepted the award on behalf of his father.

New members acknowledged included Drs. Virginia Banks, David Coy and Walter Paladino. Also in attendance was Ben Reynolds, OSMA

Field Representative.

The product display was provided by TAP Pharmaceuticals representatives Marie Fryda and Karen Herubin.



Dr. Brian Cestone and Dr. Denise Bobovnyik

SLATE OF CANDIDATES FOR 1999

President-elect	Janardan Tallam
Secretary/Treasurer	Richard Marina
Delegates to the OSMA	Daniel Handel
(Three to Elect)	Richard Marina
	Janardan Tallam
Alternate Delegates	Thomas Detesco
(Four to Elect)	Ronald Rhodes
	Marc Saunders
	Ronald Yarab
Council Members-at-Large ...	James D'Apolito
(Three to Elect)	Santuccio Ricciardi
	Eugene Potesta
Foundation Trustees	Rashid Abdu
(Two to Elect)	C. Conner White

Distinguished Physician Award

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pleted a three year surgical residency at New York Polyclinic in New York City. Dr. Cestone was on active staff at St. Elizabeth Hospital and on courtesy staff at Youngstown Hospital Association.

A Fellow of the American College of Surgery and a diplomat of the American Board of Surgery, Dr. Cestone served as chief of surgery at St. Elizabeth's. He was the first general surgeon to pass the Board of Surgery examination at St. Elizabeth Hospital, and was instrumental in securing the first certification approval for the

hospital's general surgical residency program.

Dr. Cestone served as a Captain in the U.S. Medical Corps in World War II and was chief of surgery at the 248th General Hospital in Manila, Philippines.

He had many interests. Among them were antiques, gemology, and the art form of sculpture in stone and marble. As an avid amateur carpenter, Dr. Cestone made the Society's President's gavel for many years.

Dr. Cestone, who passed away in 1998, was the father of six children. A son Brian is completing a residency in radiology at St. Elizabeth Hospital.

MCMS January Meeting

THE MAHONING COUNTY MEDICAL SOCIETY HELD ITS INSTALLATION OF OFFICERS JANUARY 26TH AT THE YOUNGSTOWN Club. The business meeting was conducted by Sixth District Councilor and past president Dr. Chris Knight on behalf of outgoing president Dr. Denise Bobovnyik, who was unable to attend. Among those installed was Dr. Thomas N. Detesco, the society's 127th president. Pfizer Labs, represented by Joseph Simko and David Delida, provided a product display.



L to R: C. Watanakunakorn, P. Lakhani, N. German, E. Potesta, R. Yarab, D. Handel, T. Detesco, J. D'Apolito, C. Knight.

Following the installation, Dr. Knight presented the president's gavel to Dr. Detesco. Dr. Knight then received the president's plaque and pin from Dr. Detesco, on behalf of Dr. Bobovnyik, and presented a brief recap of Dr. Bobovnyik's year in office.

A moment of silence was observed in remembrance of the following members who had passed away during 1998: Drs. Patrick B. Cestone, Samuel D. Goldberg, John S. Goldcamp, Kenneth J. Hovanic, Bruce L. Lipton, John J. McDonough, James A. Patrick, Cornelius W. Stone, and Donald D. Um.

The Society acknowledged the following past presidents who were in attendance: Drs. Jane Butterworth, Gabriel DeCicco, Andrew Detesco, Daniel Handel, Robert Jenkins, Chris Knight, and Hai-Shiuh Wang. Dr. Butterworth was also acknowledged for being an outgoing member of council. The membership recognized Dolly Handel and Florence Wang as past presidents of the Alliance in attendance.

Contributors to the *Bulletin* were acknowledged, including Dr. Ronald Yarab, editor, Drs. Robert Fisher and Anand Garg, columnists; and Dr. Robert and Mary Jane Jenkins, photographers.

Sixth District Councilor Dr. Knight reported on the OSMA Council, while Dr. Dan Handel provided an update on OMPAC mem-

bership. Dr. Norton German, chairperson of the Society's Foundation, announced that loans totaling \$11,000 had been granted to two NEOUCOM students. The Foundation has granted 102 loans since its creation in 1966.

The membership voted to change the date of the Society/Alliance dinner meeting at the Maronite Center to March 24, 1999.

Newly-installed president Dr. Detesco spoke on the "Future of Medicine", and following some additional announcements the meeting was adjourned.

New officers and members-at-large for 1999 are as follows:

Officers

President	Thomas N. Detesco, MD
President-Elect	Janardan R. Tallam, MD
Secretary/Treasurer	Richard J. Marina, MD
Immediate Past President	Denise L. Bobovnyik, MD

OSMA

Delegates

D.L. Bobovnyik, MD
D.W. Handel, MD
C.A. Knight, MD
C.M. Kohli, MD
R.J. Marina, MD
J.R. Tallam, MD

OSMA

Alt. Delegates

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T.N. Detesco, MD
J.J. Enyeart, MD
R.A. Rhodes, MD
M.S. Saunders, DO
R.M. Yarab, MD

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James P. D'Apolito, MD
Sudershan K. Garg, MD
Kathie A. Nelson, MD
Eugene L. Potesta, MD
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Dr. Detesco Welcomed as New President

Dr. Thomas N. Detesco, a native of Youngstown, received his bachelor's degree from John Carroll University and his medical degree from Autonomous University of Guadalajara (Mexico).

After completing his internship and residency with the Youngstown Hospital Association, he began a private practice of internal medicine in Youngstown in 1976.

He is an instructor in internal medicine for the Northeastern Ohio Universities College of Medicine, and a member of the teaching faculty for the Western Reserve Care System department of internal medicine. Dr. Detesco has been a medical advisor to Youngstown State University's Medical Assisting Technology Program since 1995, and an adjunct clinical associate to the Kent State University School of Nursing since 1996.

Dr. Detesco served as a member of the Medical Executive Committee, WRCS, and also was chairman of the Bylaws Committee for the staff there. In 1998 he served as a delegate to the Organized Medical Staff Section of the AMA.

As a Board member of the Lake to River Health Care Coalition of Eastern Ohio, Dr. Detesco has the distinction of being the only physician member of this otherwise business-directed healthcare coalition. He has represented the MCMS on this Board for the past two years, and has been instrumental in sharing new perspectives with the business leaders of the community.

As part of the Society, Dr. Detesco is Managed Care Education Committee chairperson, and serves as an alternate delegate to the Ohio State Medical Association.

As a member of the OSMA, Dr. Detesco was one of five physicians selected to engage in a series of negotiations with members of the Ohio Association of Health Plans. This work ultimately resulted in the passage and implementation of the Physician Health Plan Partnership Act in October of 1998. This has proven to be a model piece of legislation, looked upon by a number of states throughout the country as a guide to their own legislative initiatives in health care.

Currently he remains on active clinical staff, department of internal medicine, at Forum Health and St. Elizabeth Health Center.



Clockwise from top: Gloria Detesco, Dr. Tom Detesco, Virginia Detesco and Dr. Andrew Detesco.

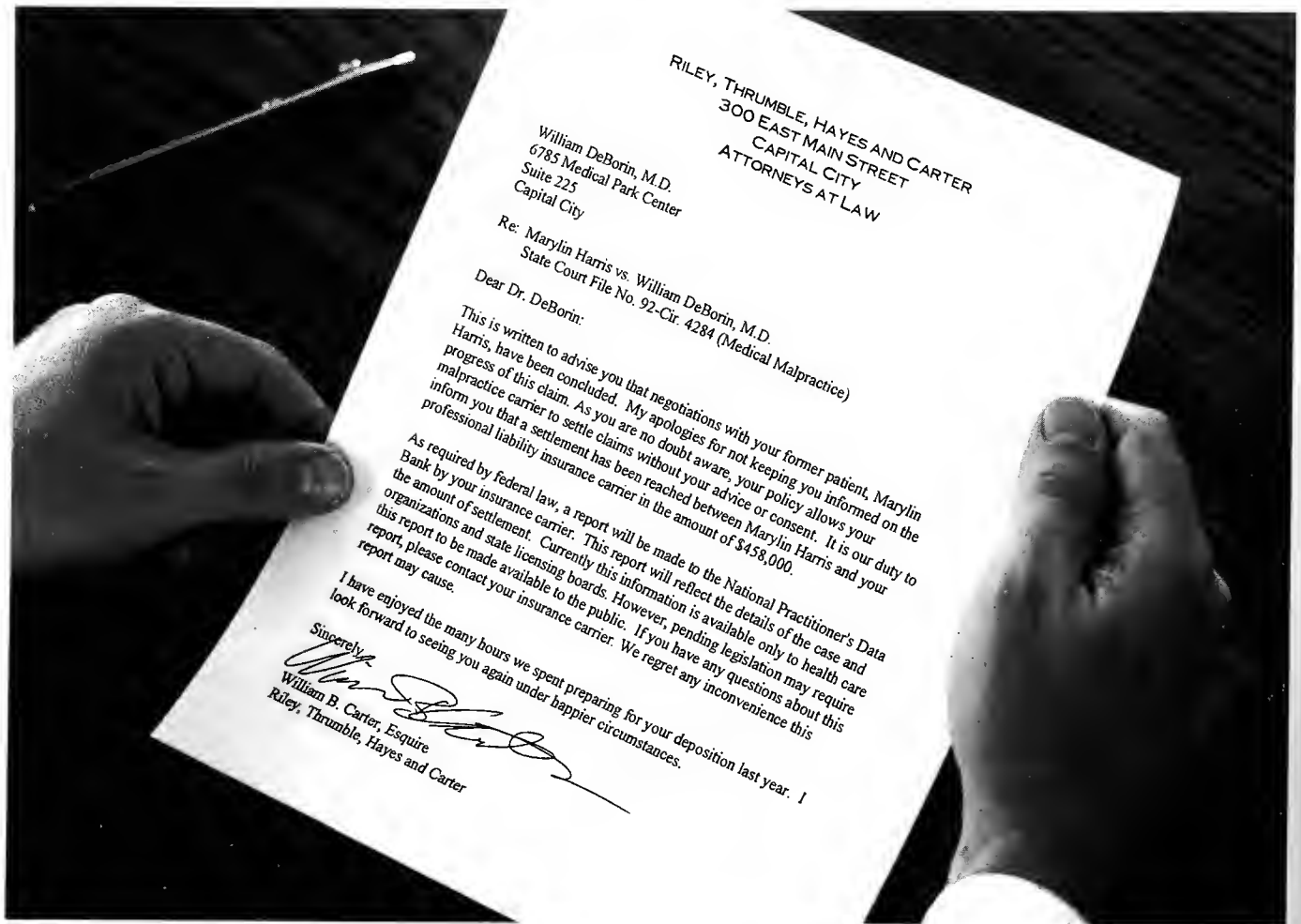
Dr. Detesco is the founder and managing partner of First Medical Health Center, which was the area's first attempt at a privately owned and operated integrated healthcare cooperative. Over the years, First Medical Health Center has included a variety of specialty physicians and practices. They have been leaders in the establishment of physician practices and ancillary services, which have become a fixture in the southeastern part of Boardman Township.

He is the father of four children, Jennifer, Thomas, Maria, and John, all of whom are either working in or preparing for a career in healthcare-related activities. He and his wife, Gloria, reside in Poland.

With his recent installation, Dr. Detesco carries on a family tradition. His father, Dr. Andrew Detesco, was president of the MCMS in 1958. Fifty-three years ago, the senior Dr. Detesco began the group practice First Medical Associates, which remains in operation to this day. This practice includes Dr. Thomas Detesco, Dr. Patricia Miller, Dr. Maged Awadalla, and nurse practitioner Lori Grenich.

Dr. Detesco has pioneered the aggregation of physicians in group practice for well over 20 years. He is grateful for the cooperation and support of the colleagues in his practice, which permit him the opportunity to direct his time and efforts toward matters of organized medicine.

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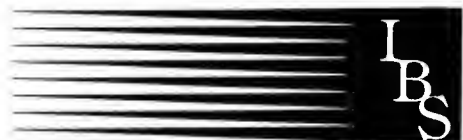
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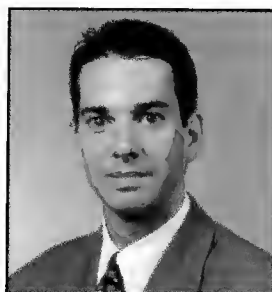


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Int: Youngstown Osteopathic Hosp., Youngstown, OH
Reddy: St. Joseph Health Center, Warren, OH
Fellow: Alfred I. DuPont Institute, Wilmington, DE
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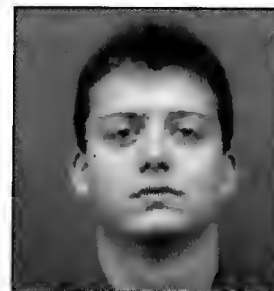
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Reddy: University Hospitals, Cleveland, OH
Fellow: Univ. of Pittsburgh Med. Ctr., Pittsburgh, PA
Fellow: Allegheny General Hospital, Pittsburgh, PA
Sponsored By: Shawkil N. Habib, MD; Elias T. Saadi, MD; Paul Wright, MD



Timothy J. Hunter, MD
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Reddy: Allegheny General Hospital, Pittsburgh, PA
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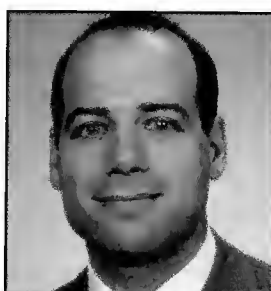
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Int: Dartmouth Affiliated Hospitals, Hanover, NH
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Fellow: St. Elizabeth Hospital, Boston, MA
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Lessons Learned in Medicare/Medicaid Audits

Treat any audit carefully, for it may involve huge civil penalties and even criminal exposure

YOU'VE UNDOUBTEDLY READ AND HEARD ABOUT MULTIMILLION-DOLLAR SETTLEMENTS STEMMING FROM FEDERAL AUDITS of physicians' and hospitals' billing activities. Given HCFA's expressed commitment to root out what it considers Medicare/Medicaid fraud, including millions of dollars and hundreds of investigators, don't think you are immune from audit. Cleveland, OH, attorneys Michael Coyne and Amy Woodhall* have helped physician clients through enough such audits to offer important advice.

Nothing Is 'Routine'

Watch out for what appear to be routine audits of patient records. Sometimes they begin in hospitals and nursing homes, based on the facility's release of medical records without the physician's knowledge. Woodhall says her firm has had several cases where the Medicare carrier referred an audit to both criminal prosecutors and the OIG** *before* giving audit results to the provider and offering an opportunity to respond. Such referrals give a one-sided view of the issue without input as to clinical factors the doctor may have encountered.

The OIG work plan for fiscal year 1999, a good predictor of enforcement initiatives, includes the following partial list of physician-related projects:

- E&M visit coding
- Physicians at teaching hospitals (PATH)
- Physicians with excessive nursing home visits
- Automated coding software
- Billing service agreements
- Reassignment of physician benefits
- Duplicate billings for patients covered by Medicare managed care plans
- Mutually exclusive medical procedures

Having seen most of these issues already come under audit scrutiny, Coyne and Woodhall say, "There is no question that an adverse audit can lead to referral to the OIG. The risk of enormous penalties increases if OIG determines the rules have not been met." From those experiences, they share these three "lessons learned":

1 Don't rely just on giving verbal answers. The carriers maintain written logs of telephone conversations that often subjectively comment on the doctor's truthfulness. So be sure to put everything in writing yourself.

2 Take every opportunity to promptly present both the physician's and the patient's perspective, even if you are not asked to do so. Your written response may be a key document preventing escalation of the issue and referral to an enforcement agency.

3 Don't consider any audit "routine." Seek legal guidance if an audit letter says you know or should have known the rules or if the carrier makes an overpayment demand.

Civil Investigations

A number of audits have resulted in settlements representing as much as three times the estimated overpayments. Two factors tend to influence the multiplier used to settle cases. First is how clearly the local carrier notified physicians of the rules, but Woodhall tells us that the feds tend to consider carrier instructions quite clear.

The second factor is the extent to which the physician(s) followed carrier guidelines and self-reported any documentation problems *before* the investigation started. Thus, if you perform your own internal audit and discover problems, you'll probably be best served by promptly reporting them to your carrier.

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*Contact Coyne and Woodhall at the law firm of Waldheger-Coyne; phone (440) 835-0600; fax (440) 835-1511; e-mail amy@healthlaw.com.

**The OIG is HCFA's Office of Inspector General, which is charged with enforcing the Medicare and Medicaid payment rules. You do not want to deal with OIG agents without your lawyer.

Dr. Anand Garg was re-elected to a second term as secretary of the State Medical Board of Ohio. As secretary, he serves as the Board's chief enforcement officer. A past president and vice-president of the medical Board, Dr. Garg is active on the Board's managed Care, pain Management, Prescribing and Education committees. He is the immediate past Chair of the Board's Quality Assurance Committee.

Dr. Karl Wieneke was among those inducted into the Cardinal Mooney High School Athletic Hall of Fame at the annual scholarship dinner held February 21st at Mr. Anthony's in Boardman. Dr. Wieneke, who has served as Cardinal Mooney's team physician for the past 26 years, was honored for having made significant contributions to the school during that time. Dr. Wieneke, who has served as Cardinal Mooney's team physician for the past 26 years, was honored for having made significant contributions to the school during that time. Dr. Wieneke is a past (1993) recipient of the Ohio Outstanding Team Physician Award presented by the Ohio High School Athletic Association.

Physician's Advisory

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Criminal Exposure, Too

You may be subject to a criminal investigation, too, without your even knowing it, say Coyne and Woodhall. Government agents sometimes contact physicians or employees seeking background information for criminal investigations. Though they have broad subpoena powers under recent law, investigators don't always need those powers to get information from you or your employees.

Again, create written reports of all contacts with federal investigators. Doing so can help contain the agents' subjective assessment of what

you understood or knew, making your statements less subject to misinterpretation and placing them in the correct context.

Editorial Note: We acknowledge the cooperation of Leif Beck, who has granted reprint rights for topics which have appeared in his regular monthly publication, The Physician's Advisory. His organization, The Health Care Group, with offices in Plymouth Meeting, PA, is a group of leading national consultants and attorneys specializing in medical practice organization and management.

From the Desk of the Editor

continued from pg. 6

did we become physicians? Was it for monetary gain? To acquire prestige and status? Was it so that we could understand the insurance business better? Or perhaps prepare us for a political career? Or, did we truly have a desire to attain more knowledge about the human mind and body so that we may help our fellow man in times of illness? And what really is our reward?

I'd like to think that a simple statement saying "thank you for making me feel better,"

would be among the greatest compensations a physician could reap. For me, the simple note composed by the little girl has an effect analogous to the Hippocratic Oath. We, as physicians, have been afforded the unique opportunity to make differences in people's lives. To improve their health! Indeed, this is why we have chosen to become healers of the sick and promoters of health. This is why we are doctors.

A Look Back...

Sixty Years Ago Jan.-Mar. 1939

Officers were: William M. Skipp, president; R.B. Poling, president-elect; John Noll, secretary; Elmer H. Nagel, treasurer; and H.E. Patrick, editor of *Bulletin*.



Fifty Years Ago Jan.-Mar. 1949

Officers were: John N. McCann, president; G.G. Nelson, president-elect; V.L. Goodwin, secretary; and L.H. Getty, treasurer. Editor of the *Bulletin* was C.A. Gustafson, while F.S. Coombs was co-editor.



When I entered the practice of medicine as a radiologist, at the south unit of the YHA in 1962, I met and worked with each of the doctors mentioned above. They were all powerful men and active in medical activities. New members at that time were: D.T. Yoder, A.F. Rappaport, J. Patrick, C.W. Stertzbach, and F.J. Gambriel.

Forty Years Ago Jan.-Mar. 1959

Officers were: M.W. Neidus, president; F.G. Schlecht, president-elect; A.K. Phillips, secretary; C.W. Stertzbach, treasurer; and L.O. Gregg, editor of the *Bulletin*. Harvard Rempes was welcomed as the first executive secretary. There were approximately 10 physicians and wives on the St. E's Staff at the annual pilgrimage to the Ohio State-Michigan Football game. John N. McCann was reappointed to the Board of Governors of the Ohio State Medical Society for a third consecutive seven-year term.



G.E. DeCicco was elected president of the Medical Dental Bureau.

Thirty Years Ago Jan.-Mar. 1969

Officers were: J.W. Tandatnick, president; Robert L. Jenkins, Jr., president-elect; R.R. Fisher, immediate past president; Henry Holden, secretary; M.C. Raupple, treasurer; and D.J. Dallas, editor of the *Bulletin*. Leonard P. Caccamo, chairman of the Medical School Committee announced the successful conclusion of a \$30,000 fund-raising drive for a feasibility study for a medical school in Youngstown.



Twenty Years Ago Jan.-Mar. 1979

Officers were: Y.T. Chiu, Jr., president; B.P. Brucoli, vice-president; G.H. Dietz, immediate past president; J.W. Tandatnick, secretary; J.A. Ruiz, treasurer; and H.S. Wang, editor of the *Bulletin*. Henri Schmid stepped down as director of the Youngstown Venereal Disease Clinic after many years of devoted service. He was one of a group of doctors called syphiologists. Dr. Schmid donated his early generation x-ray machine to the medical museum in Youngstown. German service men initially were imported for its installation from Germany. It was originally in New York City, then shipped years later to Youngstown.



Ten Years Ago Jan.-Mar. 1989

Officers were: Karl F. Wieneke, president; James A. Lambert, vice-president; Kimbroe J. Carter, secretary; Danny Chung, treasurer; Hai-Shiuh Wang, immediate past president; and Brian S. Gordon, editor of the *Bulletin*. Steven W. Ondash and G.E. DeCicco received the "Doctor of the Year" Award. A basic and clinical cancer research fund was established by friends and colleagues to honor Raymond S. Lupse, retired chief of obstetrics and gynecology. J.J. Anderson announced that he is completing his seventh and final year as Sixth District Councilor.



John C. Melnick, MD



John C. Melnick, M.D.

Training Certificate Needed

BY THIS SUMMER, RESIDENTS & CLINICAL FELLOWS WILL NEED TRAINING CERTIFICATES IF THEY ARE TO PARTICIPATE IN hospital training programs. Such registration has been optional in the past. Now, the State Medical Board of Ohio requires the certificates.

To new residents, this means possible background checks.

Residents will now be required to answer questions about their backgrounds, which was not required prior to HB 606, which became law last year. This will enable staff members of the State Medical Board of Ohio to perform background checks on applicants. If a resident trained in more than one location, or holds an ECFMG

certificate, backgrounds likely will be checked.

The same grounds the board uses to deny a full license to a physician will now be applicable to the training certificate as well.

If a resident wishes to moonlight, the training certificate will not be enough. He or she will still need a full license.

The board is looking at July 1, when many training programs kick off, as the target date for implementing the change.

Hospital News

- The **St. Elizabeth Wound Care Center®**, under the direction of Dr. Felix Pesa, is now seeing patients at its temporary location in St. Elizabeth's Ambulatory Care Center. This center was developed to help patients who (due to diabetes, poor blood circulation, or other causes) suffer from non-healing wounds. Non-healing wounds are defined as wounds that have not healed over a period of eight weeks, or demonstrated notable improvement after four weeks.
- **Humility of Mary Health Partners** is the new name for the local Catholic Healthcare Partners region formerly known as HM Health Services, which consists of St. Elizabeth Health Center, St. Joseph Health Center, HM Home Care and Home Therapies, and The Assumption Village. The new name, which was made official during ceremonies held February 10th, more clearly reflects the healthcare organization's association with the foundation sponsoring Sisters of the Humility of Mary, and also serves to emphasize its partnership with the people of the Mahoning Valley in servicing their health needs.
- **Specialty Hospital of the Mahoning Valley**, the region's first long-term acute care hospital, will begin accepting patients in April. This 45-bed, not-for-profit hospital, which will be one of the first tenants at the former Southside Medical Campus currently being redeveloped by the Southside Community Development Corporation, will provide transitional, specialized, intensive care for medically-complex patients.
- **Forum Health's** Northside Medical Center, Tod Children's Hospital and its Transitional Care Unit, together with the Ohio Nurses Association, have been selected to participate in a nationwide research project benchmarking nursing care in this country. Forum Health has become only the seventh hospital system to receive this \$10,000 grant from the American Nurses Association. Over the next year, Forum Health will work as a team with its 827 registered nurses, to measure "nurse sensitive" quality indicators.

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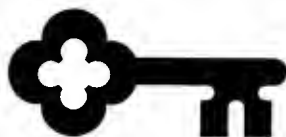
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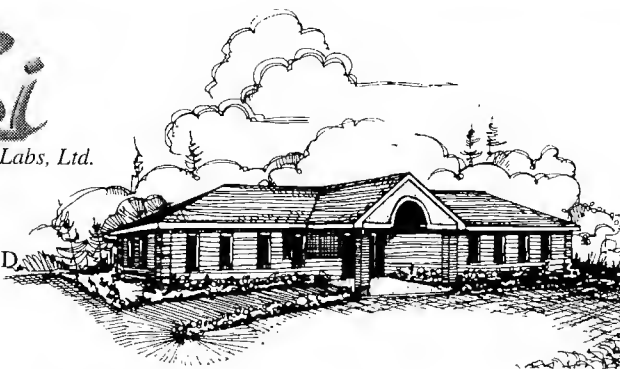
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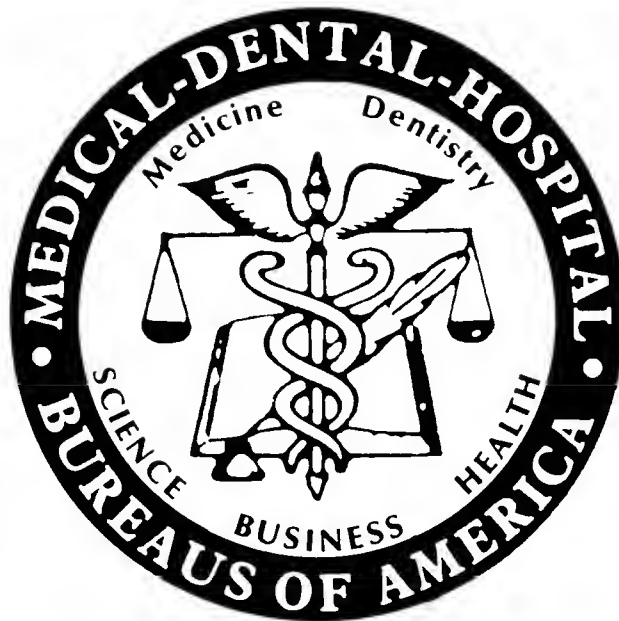
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